

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/516605

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | ↓ | 1 | ↓ | | ↓ |
| TOTAL DEP. | | ← | 8 | ← | | ← |
| TOTAL CLAIMS | | | 9 | | | |

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | ↓ | 0 | ↓ | | ↓ |
| TOTAL DEP. | | ← | 3 | ← | | ← |
| TOTAL CLAIMS | | | 3 | | | |

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|--------------|----------|------|------------------------|------|------------------------|------|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | / | | | | 51 | | | | | | |
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| 13 | | | | 2 | | | 63 | | | / | | | |
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| TOTAL IND. | | ↓ | 3 | ↓ | | ↓ | TOTAL IND. | | ↓ | 9 | ↓ | | ↓ |
| TOTAL DEP. | | ← | 35 | ← | | ← | TOTAL DEP. | | ← | 19 | ← | | ← |
| TOTAL CLAIMS | | | 38 | | | | TOTAL CLAIMS | | | 28 | | | |

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CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | ↓ | 1 | ↓ | | ↓ |
| TOTAL DEP. | | ← | 10 | ← | | ← |
| TOTAL CLAIMS | | | 11 | | | |

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL CLAIMS | | | | | | |